

## INSTRUCTIONS FOR COMPLETING ORYX SELECTION FORM A

Please carefully read the following information before completing your *ORYX Selection Form*.

Type or *clearly* print your responses in the space provided. Fax your completed and signed form to:

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**ORYX Initiative (630) 792-4599**

Complete only those sections of the form that are applicable to your organization. If you do not provide one of the listed services, check the box labeled **PROGRAM NOT APPLICABLE**. If you require additional space for measure selections, copy this form and complete the applicable section(s).

1. Enter the name of your selected performance measurement system(s) in the column labeled **Measurement System Name/System Owner**. Include the name of the performance measurement system(s) (e.g., Outcomes Analyst, Quality Indicator Project) and the owner company name (e.g., MEDSTAT, MHA, etc.).
2. Enter the performance measurement system identification number on the corresponding line provided in the column labeled **System ID#**. The **System ID#** is the unique six digit identification number (e.g., 0100-02) assigned by the Joint Commission to each performance measurement system. Contact your performance measurement system to obtain its Joint Commission assigned identification number.
3. Enter the measure identification number for each **additional** measure selected in the column labeled **Measure ID#**. The **Measure ID#** is a unique two to five digit number (e.g., 0935) assigned by the Joint Commission to each active measure available in a performance measurement system. Contact your performance measurement system to obtain the Joint Commission measure identification numbers for your selected measures. Include all leading zeroes when recording your measure identification numbers. Use only the Joint Commission assigned identification numbers when completing this form. *If you are not required to select additional measures, check the box labeled **NO ADDITIONAL MEASURES REQUIRED** for the appropriate program.\**

**Do not include measure identification numbers for measures previously reported.**

4. Enter the short name for each measure selected in the space provided in the column labeled **Description of Measure**. The short name for each measure can be obtained from your selected performance measurement system and should clearly describe your selected measures (e.g., C-section rate, ED readmission within 72 hours of discharge, patient falls, etc.).
5. Enter the name and phone number of an authorized representative who can respond to questions about this selection form.
6. Enter the name of your organization's chief executive officer or administrator and obtain his/her signature on this form. **Selection forms will not be processed without the appropriate signatures.**
7. Fax all completed and signed forms to the Joint Commission at **(630) 792-4599**. Save a copy of this form and your fax transmission verification for your records. Be certain your fax verification indicates successful transmission of all pages.

### **QUESTIONS?**

If you have questions about how to complete this form, call your Joint Commission account representative in the Division of Accreditation Operations. Please refer to **Attachment A** for a list of phone numbers.

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**\*Organizations whose previous measure selections meet their program's current requirements are not required to select additional measures.**

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